

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. :

10/089822

FILING DATE

APPLICANT(S)

813106

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		3			54						
5	1		1				55						
6		1		1			56						
7		1		1			57						
8		2		2			58						
9	1		1				59						
10		1		1			60						
11		1		1			61						
12		3		3			62						
13							63						
14							64						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	14		14				TOTAL DEP.						